

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42367**  
**5446**  
Registrar's No. ....

**DEAD** JAN 5 1953  
BIRTH NO. ....

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>25 yr.</b>		d. STREET ADDRESS (If rural, give location) <b>14 West 39th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b> b. (Middle) <b>Milton</b> c. (Last) <b>Milton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 10, 1952</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 19, 1869</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>	
12. CITIZENRY OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>John V. Milton</b>		13b. MOTHER'S MAIDEN NAME <b>McFerron</b>		14. NAME OF HUSBAND OR WIFE <b>John V. Milton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Blanche Riddell, 16 W. 39th St. K.C. Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo</b>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <b>Arteriosclerosis</b>		<b>year</b>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<b>33th</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Jan 10, 1950**, to **Dec 10, 1952** that I last saw the deceased alive on **Dec 10, 1952** and that death occurred at **2 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edw H. Thiessen</b> (Degree or title)		23b. ADDRESS <b>Play Time Bldg</b>		23c. DATE SIGNED <b>12-11-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>12-12-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>-</b>	
				24d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>12-12-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE UND. CO. KANSAS CITY, MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

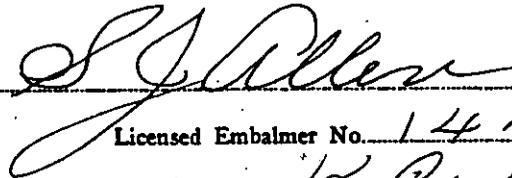
Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer ,

Signed



Licensed Embalmer No. 1415

P. O. Address 12 @ 170

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.